

options

2014 enrollment highlights guide

Your Benefits

Find an overview of your benefits

Page 2

Medical Plans

Learn more about how the plans work

Page 3

Additional Protection

Preparing for the unexpected

Page 5

Spending Accounts

Reduce your out-of-pocket costs

Page 6

Health Care Reform

See what's new for 2014

Page 7

enroll online:

mylacountybenefits.com

enroll by phone:

888-822-0487

questions?

Benefits Hotline representatives are available

Monday through Friday,

8 a.m. to 4 p.m. 213-388-9982

Extended hours during annual benefits enrollment

Monday through Friday, 8 a.m. to 5 p.m.

your benefits

The County of Los Angeles cares about you and your family. That's why we offer a comprehensive benefits program that includes medical, dental, life, and medical coverage protection (long-term disability health insurance) to help you enrich your life while protecting your future and your loved ones.

ATTENTION! IF YOU WANT TO WAIVE MEDICAL COVERAGE YOU MUST TAKE ACTION

To waive medical coverage for 2014, YOU MUST complete a waiver and provide proof that you have other medical coverage even if you've done this in the past. If you don't, you'll be automatically enrolled in the UnitedHealthcare HMO and you won't have a chance to waive coverage again until next year.

You may waive medical coverage if you are covered through your spouse's plan, another employer's group plan or Medicare, and if your other plan offers similar coverage under *Options*.

In 2014 (pending County and Union agreement), you may not waive coverage if you are purchasing an individual policy or by purchasing insurance through the state, federal, or private health insurance marketplaces.

See the "Waving Medical Coverage" section of the *Options* Summary Plan Description (SPD) at mylacountybenefits.com for important rules.

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more options about your prescription drug coverage. Please see the Medicare notice on page 3 of the legal notices document included in your benefits enrollment packet.

OPTIONS 2014 BENEFITS AT A GLANCE

Medical

- Kaiser Permanente HMO
- UnitedHealthcare HMO
- UnitedHealthcare Choice Plus PPO

Dental

- SafeGuard HMO-style plan
- DeltaCare HMO-style plan
- Delta Dental PPO-style plan

Life Insurance

- Basic life insurance
- Optional life insurance
- Dependent life insurance

Accidental Death and Dismemberment (AD&D) Insurance

Medical Coverage Protection (Long-Term Disability Health Insurance)

Spending Accounts

- Health Care Spending Account
- Dependent Care Spending Account

Choose Carefully — Your Elections Are Final

After the enrollment deadline, you won't be able to make any changes until next year's annual benefits enrollment. The only exception is if you have a qualifying life event, such as a change in family or work situation, which may make you eligible to change your elections. Some examples include birth or adoption of a child, marriage, or divorce. You must complete a life event enrollment and submit supporting documents to the Plan Administrator within 90 days of the qualifying life event. Refer to pages 13-16 of the *Options* Summary Plan Description (SPD) for details.

Find More Details in Your Summary Plan Description

Your enrollment materials often refer to the *Options* Summary Plan Description (SPD). The SPD is a valuable resource containing detailed plan information. You may download a copy of the *Options* SPD at mylacountybenefits.com.

medical plans

	Health Maintenance Organization (HMO) Plans	Preferred Provider Organization (PPO) Plans
Dependent Eligibility	<p>Offers medical coverage to eligible dependents, such as:</p> <ul style="list-style-type: none"> • Your spouse/domestic partner • Your children under age 26 <p>When adding eligible family members during annual enrollment, you will need to provide Social Security numbers (SSN) and required documents (birth/adoption/marriage certificate) within 10 calendar days from enrollment.</p>	
Coverage	<p>Provides comprehensive medical coverage, including (but not limited to):</p> <ul style="list-style-type: none"> • Preventive care • Routine medical care • Major medical care • Behavioral health care 	
Seeking Care	<ul style="list-style-type: none"> • You choose a primary care physician (PCP) who oversees your care and refers you to HMO specialists • You have a network of HMO providers to choose from • Except for emergency care, you must be treated by an HMO network physician or hospital to receive benefits 	<ul style="list-style-type: none"> • You can see any licensed doctor or specialist • Your out-of-pocket expenses will be lower when you use providers from the PPO network of participating doctors, hospitals and other health care providers
Determining Costs for Services	<ul style="list-style-type: none"> • Generally, there are no deductibles • You pay a specified amount for many services • An HMO generally costs less in annual deductibles and copays than a PPO plan 	<ul style="list-style-type: none"> • Generally there is a deductible before the plan pays benefits • Deductible is waived for preventive care when you use network providers • Out-of-pocket expenses are lower when you use PPO network providers

For more details, review the Medical and Dental Plans Comparison Chart you received with this guide or the *Options* SPD, which is online at mylacountybenefits.com.



To Find a Network Provider:

Kaiser Permanente HMO

- Go to www.kp.org/countyofla
- Select "clinical staff directory" in the "Get Started Now" section

UnitedHealthcare HMO

- Go to www.healthyatcola.com
- Select "Doctor Search" located in the left-side navigation bar

UnitedHealthcare Choice Plus PPO

- Go to www.healthyatcola.com
- Select "Doctor Search" located in the left-side navigation bar

dental plans

Your *Options* program offers two HMO-style dental plan options:

- SafeGuard
- DeltaCare

You also have a PPO-style dental plan option:

- Delta Dental

When you enroll in the **HMO-style dental plans**, you choose a dental office, which becomes your “primary care office,” and you must go to this office for all of your dental care.

The **PPO-style dental plan** option offers two different networks of participating dentists and dental care providers:

- Delta Preferred Provider Option (PPO) network: Using this network offers the highest benefits. Most preventive services are covered at 100%; many other services are covered at 85%. You pay no deductible.
- Delta Participating Dentist network: Delta pays benefits based on a

To Find a Network Dentist: SafeGuard

- Go to www.safeguard.net
- Select “Dental and Vision Directories” and follow the instructions

DeltaCare and Delta Dental

- Go to www.deltadentalins.com
- Select “Dentists” located in the upper left-side navigation bar
- Select “Dentist Search”

fee agreement with the network’s dentists. Most routine services are covered at 85%.

When you enroll in a PPO-style dental plan, you can go to any dentist in either network, or to an out-of-network dentist.

When you use network providers, the plan pays higher benefits (you pay less).

For more details, review the Medical and Dental Plans Comparison Chart you received with this guide or the *Options* SPD, which is online at mylacountybenefits.com.



prescription drug benefits



Your medical coverage includes prescription drug coverage. For more details about these benefits, review the Medical and Dental Plans Comparison Chart you received with this guide or contact your medical plan.

In addition, if you are taking “maintenance medication” — for high blood pressure, cholesterol, thyroid conditions, or birth control, for example — using your plan’s mail-order service will generally save you money. Plus, you get the convenience of having your medications delivered to you rather than having to pick them up at the pharmacy.

Save Money with Generic Drugs

You’ll save money when you substitute brand-name drugs with generic drugs, which become available when the original patent on the brand-name drug expires. When you’re prescribed a brand-name drug, ask your health care provider if a generic version is available.

additional protection

Sometimes, the unexpected happens and it affects not just your own life, but also the lives of those you care about. Your *Options* program offers life insurance, AD&D insurance, and LTD health insurance to protect you and your family.

Life Insurance

The County gives you basic life insurance at no cost to you.

- General Members of Retirement Plan A, B, C, D, or G: You are insured for \$2,000.
- Members of Retirement Plan E: You are insured for \$10,000.

You may buy optional life insurance of one to eight times your annual salary. You may only increase your insurance amount by one times your annual salary each year.

If you buy optional life insurance for yourself, you may also buy a limited amount of life insurance for your spouse/domestic partner and dependent children. The Personalized Enrollment Worksheet in your enrollment packet shows how much you can buy and your monthly cost of coverage. See

the *Options* Summary Plan Description (SPD), at mylacountybenefits.com, for more information.

Accidental Death and Dismemberment Insurance

You can buy AD&D insurance at low monthly rates. If you die in an accident, become paralyzed, or lose a limb, eyesight, speech, or hearing because of an accident, your AD&D insurance pays benefits. Review your Personalized Enrollment Worksheet for AD&D coverage amounts and monthly costs.

If you have AD&D coverage under *Options*, you may also buy coverage for your eligible spouse/domestic partner and dependent children. See the *Options* SPD, at mylacountybenefits.com, for important rules.

Medical Coverage Protection Long-Term Disability (LTD) Health Insurance

If you are a General Member of Retirement Plan A, B, C, D, E, or G of the Los Angeles County Employees Retirement Association (LACERA) and are enrolled in a UnitedHealthcare or Kaiser medical plan, you are eligible to participate in the LTD health insurance

plan. It will help you continue your medical insurance coverage if you are eligible for long term disability benefits and become totally and permanently disabled.

If you are participating in the *Options* program and become disabled after January 1, 2008, you'll be covered by LTD health insurance at no cost to you, provided you meet the eligibility requirements. LTD health insurance pays 75% of your monthly medical premium and you pay the remaining 25%. Beginning January 1, 2008, if you're eligible for LTD health insurance, you can elect to buy additional coverage at a cost of \$3.00 per month. The additional coverage pays 100% of your medical plan premium while you receive LTD benefits.

Keep in mind, if you do not elect (or you cancel) the optional 100% LTD health insurance coverage for a Plan Year, you cannot elect this coverage for the next Plan Year. You must wait two calendar years before you again have the option to elect this coverage. See the *Options* SPD, at mylacountybenefits.com, for more information.



spending accounts

Spending Accounts offer a great way to save money on eligible health care and dependent care expenses. You never pay federal or state income taxes on the money you contribute. That means you could save between 10% and 30% on every dollar you spend on health care or dependent care, depending on your tax bracket. However, you should carefully estimate the amount of expenses that you'll be able to pay from these accounts to determine how much you want to contribute. If there's money left in your account at year end, you won't get it back (IRS requirements). This is sometimes referred to as the "Use it or Lose it Rule."

That's why it's important to take a little time to plan, and don't put more in your account than you estimate you will spend for the year. *Options* offers two types of Spending Accounts:

Tutorial and Calculators Available Online!

Online tutorials and calculators are an easy way to learn how to use Spending Accounts and plan your contribution amount. To access the online tutorials, log on to mylacountybenefits.com and select "Online Tutorials" from the "my tools" drop down menu at the top of the page.

Enroll in Either or Both	
Health Care Spending Account	Dependent Care Spending Account
<p>Pay for eligible health care expenses with pre-tax dollars, including but not limited to:</p> <ul style="list-style-type: none"> • Medical plan copays • Deductibles • Prescription drugs • Eyeglasses, contacts, laser eye surgery • Out-of-pocket dental expenses • Hearing aids and tests • Chiropractic care • Nicotine patches and nicotine gum prescribed by a doctor • Plus many more expenses <p>Some expenses (such as insurance premiums) are not eligible for reimbursement.</p>	<p>Pay for eligible dependent care expenses with pre-tax dollars while you and your spouse work outside the home. These expenses include, but are not limited to:</p> <ul style="list-style-type: none"> • The cost of properly licensed day care centers, summer day camp • Nursery school • Preschool • Child and adult day care provided at your home <p>Dependent Care expenses must be used for the care of a:</p> <ul style="list-style-type: none"> • Child under the age of 13 • Mentally or physically disabled child of any age, or • Legally dependent adult who spends a minimum of eight hours each day in your home and is unable to care for himself/herself
When you enroll, you decide how much to contribute to each account	
You can contribute a maximum of \$200 a month	You can contribute a maximum of \$400 a month
Expenses for both types of Spending Accounts must be incurred by December 31, 2014, and submitted for reimbursement by June 30, 2015. See the Spending Account section of the <i>Options</i> SPD, at mylacountybenefits.com , for more information about eligibility and what other types of expenses you can pay with tax-free dollars through a Spending Account.	

Make Your Dependent Care Spending Account Even More Valuable

If you have eligible dependents and enroll in the Dependent Care Spending Account, the County will make a nontaxable monthly contribution based on your annual pay. You don't need to contribute, but you must enroll to be eligible for the County contribution. See the chart at the right to find out how much the County will contribute in 2014.

YOUR ANNUAL BASE PAY	COUNTY'S MONTHLY CONTRIBUTION (Subject to Annual Cap on Contribution)
Less than \$30,000	\$375
\$30,000 to \$34,999	\$300
\$35,000 to \$39,999	\$275
\$40,000 to \$44,999	\$200
\$45,000 to \$49,999	\$125
\$50,000 or more	\$75

Total contributions, yours and the County's, to a Dependent Care Spending Account cannot exceed \$4,800 a year if married and filing jointly, or \$2,500 if married and filing separately (IRS limits).

Important Note: The SEIU Local 721 and the plan sponsor, the County of Los Angeles, agreed to an annual maximum dollar amount the County will spend for this benefit and how this benefit will be administered. This benefit will be monitored on a monthly basis. If the dollar maximum is reached in any month in 2014, the contribution you receive from the County will be reduced that month and will be suspended for the remainder of the Plan Year. In addition, you may be allowed to make other changes that are consistent with a qualifying change in status, cost, or coverage (for example, revoking your election if your dependent care provider quits or terminates its contract with you). See the *Options* SPD, at mylacountybenefits.com, for more information.

health care reform for 2014

Health Care Reform is heating up for 2014. You may be familiar with some of the law so far, including:

- No lifetime dollar limits on essential health benefits
- Dependent coverage up to age 26

The County has been required to comply with certain parts of the health care reform law for the past few years. But, on January 1, 2014, individuals will face the first requirements under the law: with limited exceptions, individuals must have health insurance or pay a fine. This is known as the individual mandate.

Introducing the Health Insurance Marketplace

To make sure that everyone can comply with this new law and has access to affordable coverage, the Government will launch the Health Insurance Marketplace, sometimes called a health insurance exchange.

Although any individual may purchase coverage through the health insurance marketplaces, those marketplaces are designed primarily for individuals who are not offered employer-sponsored health insurance coverage that meets certain minimum value and affordability standards required by the Affordable Care Act.

The County offers comprehensive, subsidized medical coverage to its employees, which meets or exceeds the “minimum value” standard the government requires, and which is intended to be affordable based on your wages. Employees enrolled in medical coverage through *Options* will not be eligible to receive a federal subsidy or tax credit through the health insurance marketplace. [Note: even if you waive enrollment in *Options* medical coverage, *eligibility* to enroll in *Options* medical coverage will prevent you from qualifying for a federal subsidy or tax credit if the lowest-cost minimum value coverage available through *Options* meets affordability standards based

on your actual household income. Generally, coverage is affordable if your share of employee-only coverage costs no more than 9.5% of your household income.]

In 2014 (pending County and Union agreement), you may **not** waive your *Options* coverage if you are purchasing an individual policy or by purchasing insurance through the state, federal, or private health insurance marketplaces.

Who will benefit from the marketplace?

The Health Insurance Marketplace is primarily designed to benefit individuals who are not offered employer-sponsored health coverage that meets minimum value and affordability standards.

How do I get more information on the marketplace?

For more information on the marketplace, please refer to the legal notices document included in your benefits enrollment packet.

Someone Like You

Let's take a look at an example of a County of Los Angeles employee who may be wondering how Health Care Reform may affect her in 2014.

Meet Shauna – she is 47 years old and has worked for the County for just over 4 years. She is currently enrolled in her *Options* benefits and is covering her dependent daughter. Her husband is enrolled under his own employer coverage.

Starting January 1, 2014, most Americans must have health care coverage. Shauna already has coverage through her *Options* benefits – so if she remains in *Options* (or goes on to her husband's coverage), she will not have to pay a penalty to the Government.

But Shauna has seen a number of television commercials about other coverage offered by insurance companies through the Health Insurance Marketplace and is curious about

whether they might be something she should consider. Shauna decides to explore her choices through the marketplace but discovers a few key points that help with her decision:

1. Can she waive *Options* medical coverage?

Purchasing coverage through the marketplace for 2014 will not allow Shauna to waive her *Options* coverage and receive a monthly waiver allowance. She still would have coverage through *Options*. (Pending County and Union agreement.)

2. Can she receive a subsidy or tax credit?

Because she is enrolled in *Options* medical coverage, which is minimum value and intended to be affordable, she is not eligible for a subsidy or tax credit. If she chose to purchase through the marketplace, she would pay the full cost of the coverage and would lose the right to pay

for coverage with pre-tax dollars (so it would cost her even more). [Note: even if she waived *Options* coverage, she would not be eligible for a subsidy or tax credit if her share of the premium for the lowest cost employee-only coverage under *Options* is not greater than 9.5% of her household income.]

3. Does *Options* provide comprehensive coverage?

One of the main goals of Health Care Reform was to provide access to coverage for people without access to employer-sponsored benefits. Shauna's *Options* coverage is comprehensive and intended to be affordable – and a good choice for Shauna and her family.

By doing a little research, Shauna understands why the Health Insurance Marketplace has been rolled out, but that it's not intended for her.



CONTACT INFORMATION

Contact	Phone Number	Fax Number	Website
BENEFITS SYSTEM			
Benefits Enrollment	888-822-0487	310-788-8775	www.mylacountybenefits.com
COUNTY DEPARTMENT OF HUMAN RESOURCES			
Benefits Hotline	213-388-9982	N/A	http://dhr.lacounty.info/
MEDICAL			
UnitedHealthcare HMO	800-367-2660	N/A	www.healthatcola.com
UnitedHealthcare Choice Plus PPO	800-367-2660	N/A	www.healthatcola.com
Kaiser Permanente HMO	800-464-4000	N/A	www.kp.org/countyofla
DENTAL			
SafeGuard	800-880-1800	N/A	www.safeguard.net
DeltaCare	800-422-4234	N/A	www.deltadentalins.com
Delta Dental	888-335-8227	N/A	www.deltadentalins.com
SPENDING ACCOUNTS			
Benefit Concepts, Inc.	866-629-6436	866-629-6390	www.mylacountybenefits.com
LIFE AND AD&D			
CIGNA Life	800-842-6635	N/A	www.mycigna.com

Your *Options* benefits program is a joint effort of the County of Los Angeles and SEIU Local 721. They work together to negotiate the benefits that are offered, the amount of the monthly benefit allowance, and other details of the program.

This Highlights Guide is not an official *Options* Summary Plan Description (SPD) or official plan document. If you need a copy of an official plan document, contact the plan's customer service department directly. If there is a difference between what you read in this guide and what you read in an official plan document, the official plan document will rule.



This guide is printed on recycled paper to support the County's commitment to the environment.